Patient's body exposure through the look of the nursing academic

Ceroni, Pámela; Martins, Caroline Lemos; Antoniolli, Liliana; Gonzales, Roxana Isabel Cardozo-; Pai, Daiane Dal; Guanilo, Maria Elena Echevarría-

Veröffentlichungsversion / Published Version
Zeitschriftenartikel / journal article

Empfohlene Zitierung / Suggested Citation:
Ceroni, P., Martins, C. L., Antoniolli, L., Gonzales, R.-, Pai, D. D., & Guanilo, M.- (2015). Patient's body exposure through the look of the nursing academic. *Revista de Pesquisa: Cuidado é Fundamental Online*, *7*(4), 3148-3162. https://doi.org/10.9789/2175-5361.2015.v7i4.3148-3162

Federal University of Rio de Janeiro State

Journal of Research Fundamental Care Online

ISSN 2175-5361
DOI: 10.9789/2175-5361

RESEARCH

Exposição corporal do paciente no olhar do acadêmico de enfermagem

Patient's body exposure through the look of the nursing academic

Exposición corporal del paciente en la visión del académico de enfermería

Pámela Ceroni[1], Caroline Lemos Martins[2], Liliana Antoniolli[3], Roxana Isabel Cardozo-Gonzales[4], Daiane Dal Pai[5], Maria Elena Echevarría-Guanilo[6]

ABSTRACT

Objective: Recognizing the experience of nursing academics in relation to the patient's body exposure during nursing care conduction in hospital environment. **Method:** A qualitative descriptive study, performed with nursing academics of a public institution in southern Brazil, between August and September 2010. The content was submitted to thematic analysis. **Results:** Exposure of patient's body constitutes an experience which the academic faces during hospital care, resulting in feelings such as anxiety, fear and embarrassment. The user's responsiveness, the presence of others during the execution of procedures, lack of professional sensitivity and of material resources and inadequate physical space were identified as hindering the experience. **Conclusion:** Physical exposure and intimacy preservation deserve space for discussion in the classroom and at work, aiming at student fitness to everyday practice of nursing and improving the quality of care. **Descriptors:** Patient care, Nurse-patient relationships, Hospitalization, Privacy.

RESUMO

Objetivo: Conhecer a vivência de acadêmicos de enfermagem em relação à exposição corporal do paciente durante a realização dos cuidados de enfermagem no ambiente hospitalar. **Método:** Estudo qualitativo descritivo, realizado por meio de entrevistas com acadêmicos de enfermagem de uma instituição pública do Sul do Brasil, em agosto a setembro de 2010. O conteúdo das falas foi submetido à análise temática. **Resultados:** Exposição corporal do paciente constitui experiência com a qual o acadêmico depara-se durante o cuidado hospitalar, originando ansiedade, medo e constrangimento. A receptividade do usuário, presença de outras pessoas durante a execução de procedimentos, falta de sensibilidade de profissionais e de recursos materiais e inadequação do espaço físico foram apontados como dificultadores desta experiência. **Conclusão:** Exposição corporal e preservação da intimidade merecem espaço de discussão em sala de aula e no trabalho, visando à aptidão do estudante ao cotidiano da práxis em enfermagem e melhoria da qualidade assistencial. **Descritores:** Assistência ao paciente, Relações enfermeiro-paciente, Hospitalização, Privacidade.

RESUMEN

Objetivo: Conocer la vivencia de académicos de enfermería sobre exposición corporal del paciente durante la realización de los cuidados de enfermería en el hospital. **Método:** Estudio cualitativo descriptivo, realizado por medio de entrevistas con académicos de enfermería de una universidad pública del Sur de Brasil, de agosto a septiembre de 2010. Fue realizado análisis temático. **Resultados:** Exposición corporal del paciente es una experiencia con la cual el académico se depara durante el cuidado, originando ansiedad, miedo y vergüenza. La receptividad del usuario, presencia de otras personas durante los cuidados, la falta de sensibilidad de los profesionales y de recursos materiales e inadecuación de espacio físico fueron aspectos dificultadores de esta experiencia. **Conclusión:** Exposición corporal y preservación de la intimidad merecen espacio de discusión en sala de aula y en el trabajo, visando su reflexión en el cotidiano de la práctica del estudiante de enfermería y mejoría de la calidad de la asistencia. **Descriptores:** Atención al paciente, Relaciones enfermero-paciente, Hospitalización, Privacidad.

1Enfª pela Faculdade de Enfermagem da Universidade Federal de Pelotas (FEn-UFPel); 2Enfª. Doutoranda do Programa de Pós-Graduação da Faculdade de Enfermagem da Universidade Federal de Pelotas (PPG Enf-UFPel); 3Enfª. Mestranda do Programa de Pós-Graduação em Enfermagem da Escola de Enfermagem da Universidade Federal do Rio Grande do Sul (PPG Enf-UFRGS); 4Enfª. Drª. do Programa de Pós-Graduação da FEn-UFPel; 5Enfª. Dra. da Escola de Enfermagem da Universidade Federal do Rio Grande do Sul (UFRGS); 6Enfª. Drª. do Departamento de Enfermagem da Universidade Federal de Santa Catarina (UFSC).

INTRODUCTION

Nursing is a healthcare profession whose essence and specificity is the human, family and community care, from activities including promotion, prevention, recovery and rehabilitation. The daily work of nursing essentially requires contact with the patient's body for care provision.[1]

Nursing care requires a close relationship with the patient to acting on and with its body.[2] With the encouragement of the humanization of care in the hospital environment and the formation of bonds between professional and patient, the latter came to be seen more full and not restricted to a pathology or bed number, which challenged the nursing sick for a closer look at the needs that involve the individual ill.[3]

In the training process of future nurses come up theoretical basis for the development of scientific knowledge and practical skills, which are held in different scenarios, up to the individual and collective levels, based on the principles of ethics/bioethics for the provision of care. Such practices are constructed in the interaction between teachers, academics, professionals and users of services.[4]

The hospital is in an important scenario for academic training in the field of assistance/ care for people. This is where the future nurse recognizes the basic care routines as hygiene, assistance in activities for bladder/bowel eliminations and holding dressings. The development of the basic routine care requires exposure of the patient's body, which can be felt by the user as invasion of privacy.[5]

The physical exposure in the hospital universe, especially during nursing, can awaken sensuality and sexuality issues between professionals and users. However, for the hospitalized person being naked or nearly naked can mean major constraint, especially when the nurse or nursing student does not demonstrate feelings of concern, respect and solidarity, which are essential in their relationship.[3]

In this sense, the health professional needs to work on preserving the physical privacy and dignity of patients and make care with respect for autonomy, personal and territorial space of hospitalized individuals, so that the feeling of invasion of privacy can be ameliorated, even of nakedness and intimate body contact.[5]

Promoting privacy and careful exposure of the patient's body should be a constant concern of professionals and nursing students, as well as all professionals who actively participate in care activities, a right that is enshrined in the Charter of Rights of Users of Health.[6]

It is essential that future nurses develop their practical skills and theoretical knowledge grounded in the ethical commitment to life and the human being so that when dealing with body exposure are able to offer a care based on respect, dignity and preservation of the individual privacy[7]. Nevertheless, these issues sometimes do not get the detail needed in the period of academic training, and are experienced in everyday practice can give (eg, the student) to handle difficult situations.[8]

In similar research with nursing students in the discipline of fundamental nursing, three educational institutions in the city of Maceió, Alagoas, authors[9] indicate that students do not feel prepared to developing care with the naked body of the user. Learning is revealed only in the performance of invasive procedures, hygiene and comfort, demonstrating that students do not learn to undress the body before nursing.

Based on the considerations described, the following question emerged: what is the experience of nursing students about body exposure of the patient during the performance of care within the hospital environment? The study aims to understanding the experience of nursing students in relation to body exposure of the patient during the performance of nursing care in hospitals.

METHOD

A descriptive study of a qualitative approach, carried out with nine students of nursing in a public educational institution of the southern state of Rio Grande do Sul, Brazil.

There were included in the study nursing students, over 18 years old, enrolled in the eighth semester of the nursing program, occupying the odd positions in the list of registered (example: 1st, 3rd, 5th), who agreed to participating in the study, signed an informed consent and allowed the recording of audio interview.

The data were collected through open interviews, individually and in a private environment, as time preference of students. The interviews were conducted from August to September 2010.

To ensure the anonymity of participants, the students were identified by the letter "E" of "Interviewed" and were numbered according to the order in which the questionnaires. (For example, E1, E2,..., E9).

The data obtained were analyzed for thematic content type, which followed three phases: pre-analysis, material exploration and using the results, inference and interpretation.[10]

The project was approved by the Research Ethics Committee of Santa Casa of Pelotas (protocol number 117/2010) and ethical principles were guaranteed.[11]

RESULTS AND DISCUSSION

The study included nine students of nursing aged between 21 and 24 years old. Seven participants were female and two males; all were single.

From the data analysis two themes emerged: *Before the patient's physical exposure* and *Aspects that influence the experience of body exposure*, which are described below.

Before the patient's body exposure

For all study participants, physical and emotional contact with caring for others in the hospitalization began during academic training. The first experience with body exposure of the patient to some participants occurred during the performance of invasive technical procedures.

> *On physical examination, and survey, mainly urinary catheterization. (E1).*
> *Bed bath, probing, physical examination. In her own motherhood, childbirth. (E5).*
> *In bed baths, in urinary catheterization, sometimes in exchanging probes, uropen. (E7).*

The physical exposure while performing technical procedures and evaluation was revealed in the statements of scholars as the first contact with the other's body, which was strongly linked to the development of technical skills. In this context, the physical exposure during nursing care has been characterized as frequent.[3]

The everyday practice of nursing is established by meeting the needs of patients, such as comfort, encourage and/or assisting the achievement of self-care, body care and organic needs. In the process handling and exposure to different areas of the body are necessary. A personal and environmental hygiene are deeply rooted principles in the formation of the nursing profession,[7] perpetuating the training of new professionals. Therefore, it is essential that actions such as these are part of teaching, with significance based on mutual respect between the various actors in this scenario, whether direct or indirect caregivers, and family members/caregivers and patients.

The receipt and shift change between the nurses were reported by a participant as moments of contact with the academic body of the patient, since the information passed fro on the clinical condition of the individual, including the account of his physical condition (body).

Furthermore, administration of medications, checking vital signs and dressing changes were also reported by participants about body exposure. Such activities do permeate the student in the hospital environment and determine the activities to be performed by academic, not involving or exposing the patient's body.

> *When you arrive and receive the call, you already have part of the patient's body, because what they are going through is on the patient, it is about the patient's body, that's about it. So from the time you receive the call, you will prepare the medication, administering medication, see signs, if you need to do procedures, something. [...] All these moments are times when you have contact with the patient's body. (E8).*

In the statement, there is the identification of body exposure without direct physical contact with the user's body, resulting in the imaginal exposure of his body, as a result of care planning in response to information received on their health condition. Authors reported that the hospitalization process directly and indirectly affects the patient, and can be seen as depersonalization factor due to loss of individual identity and/or self-control over his body.[7] This experience may potentiate the frailties, insecurities and emotional disabilities and physical the patient.

In this context, the assistance of humanized nursing requires emphasis on therapeutic communication, which should be widely discussed during the education of future nurses, since it is essential instrument care.[3] It is noteworthy, therefore, that contact between patient and caregiver (academic) occurs not only during the procedures, but all the complexity of care, resulting in higher or lower body exposure and embarrassment for both. Moreover, in the context of education, the patient's body is a learning device, requiring academic overcoming insecurity arising from inexperience to perform care activities.

> *Many times, I have felt constrained in performing procedures, eg bladder catheterization. (E9).*
> *I felt very insecure in the beginning, the inexperience, and being willing to learn. [...] I like to see done first, then I do. [...] I think horrible; you have to learn the patient. Because any action you make will have a reaction. You can either harm as help that person. (E5).*
> *At first they (patients) serve to us as an object of the same experience, we go there, try punching and fail and try again. We see that his body ends up being an object for us. [...] The time to see what we bring benefit to him as well. (E3).*

The statements betray a set of feelings related to body exposure of hospitalized patients, such as embarrassment, insecurity, inexperience and object of experience generating feelings initially contradictory to establish bond and care for the body of the other. The process of body exposure has double meaning of action, while the body of the patient is learning object, for the student, by applying procedures, this patient also needs to receive such care to improve or restore their health. This need to get the care generates in students the appreciation of shares in the patient's body.

Students present afraid to touch the body of the other, even though they know that their actions and care will improve the quality of life of the patient. However, when they are not prepared to face the nakedness, students can refer to feelings of embarrassment and shame on these situations.[9]

Authors to observe the feelings experienced by nursing students in caring for people with wounds indicate that academics feel insecure in performing the service, and can present the expression of positive emotions, such as pleasure in caring and negative, such as anxiety, insecurity, fear and shame in the care of user.[12] Thus, initially the student has feelings that

revolve around the need to learn and protect the patient from exposure to generate constraint (for both), but this process as necessary to improve the patient's condition.

In nursing, the contact with naked or half-naked body is a common routine in almost all areas. However, the population tends to preserve and not allow intimate contact or exposure with strangers in public environment.[2] These attitudes often need to be overcome within the hospital environment in order to achieve therapeutic goals needed people.

Highlights the importance of training institutions of health professionals, especially nurses, emphasizing the preservation of privacy/intimacy of the patient in all aspects of care, including hospital, in order to respect the individual who needs medical care.[4]

There is a need for trainers to convey to students that the patient's body is not simply a learning object, but an individual with a history, beliefs and values. Thus, care must be grounded in respect and preservation of physical privacy and autonomy of the user; especially when the care involves contact and exposure of the body. The privacy, as well as the individuality of the patient must be maintained throughout the care process, and these essential requirements for human dignity.[5]

Care of hospitalized patients in the context of educating future nurses is established by means of the approach and binding between the nursing students and the user.[5] Care to the user's body is personal and involves both the body of the caregiver, as whose body is taken care of.

> *Because care is not impersonal. You are putting your body, you're touching someone else, and then this is very personal [...]. You know you're taking care of that person. You cling to the patient willingly or not. That, to me, intimacy is not something that is friendship, going to have secrets. Because you are dealing with a person who will have to tell you all her life, what she did and what she did not, so you can deal with it. So is intimacy. (E2).*

The completion of care involves a relationship of proximity (closeness) between the body and the academic body of the hospitalized patient.[13] Thus, the preservation of privacy is an important factor to guarantee the quality of care, ie, the academic should appreciate the unnecessary exposure of the body during learning. [7]

Body touch is essential for the establishment of care and is permeated by the intimate bodily relationship between the health professional and the hospitalized patient.[5] Thus, patient and academic react particular exposure to body shape as their personal experiences, their perceptions of world and his personality.

> *In the beginning you always have that difficulty, that fear touching the patient [...]. With time, you will be dropping more and learn to live. (E8).*
> *I personally am not a person who expresses shame about the body; I do not have much trouble working, touching the body of the person [...]. I got out when I see that the person does not feel right [...] is embarrassed. (E2).*
> *Always acted normal, there it was just another body, but was a patient and there was nothing different from what I had not already seen. [...] Usually acted. (E7).*
> *It's my job, no matter it is in the leg, thigh, anywhere. (E4).*

One realizes that each student experiences the experience of the patient's physical exposure in a particular way, expressing different emotions such as fear, afraid to touch the patient or act naturally. Authors highlighted the expression of similar sentiments by nursing students when they experience their first contact with the care of patients with wounds.[12]

In relation to privacy in a hospital environment, it is observed that users perceive the manipulation of the body as a necessary and inevitable assignment of nursing staff, and felt like an experiment, at different times, uncomfortable during hospitalization.[14] This experience is also experienced by nursing students, specifically when making patient care the opposite sex, becoming a barrier to the development of care.

> *Had once or twice that took man in the bath and it was very difficult. At first, you turn red, purple, but will talk, there will going quiet. Do you know? (E1).*
> *Skip to probe man was weird the first time [...] having to touch the genital [...]. Intimacy is much [...] embarrassing for both [...] in the end, it was quiet. (E9).*
> *With man it was very hard. When fellow man I have to ask if you do not want to go to me, not that I want to do, but also because if I were in that situation the patient would prefer a woman to give me bath. (E1).*
> *Shame us [...] today I blush. (E8).*

Contact with nudity and manipulating the patient's body can cause discomfort both in academic training and the patient[5], for example, technical procedures which necessarily involve the manipulation of the genitals of the opposite sex can generate greater embarrassment to academics.[12-15]

The difficulty for academics in the care the patient's body when it involves contact with intimate parts process comes from a relationship with little or no familiarity and outgoing to a sudden state of nudity, which is not socially "well seen or acceptable ", and can cause discomfort for both parties. Within nursing education professional, authors, for more than a decade have highlighted the need to promote the nursing student's ability to act in the face of nudity and/or contact with the other's body, with responsibility for the educational institution.[16]

The discourses of the academics interviewed reveal concern in preventing body exposure of the patient, making intimate contact with the user's body a little more enjoyable. Thus, we observe a concern to put yourself in the situation of the other (patient), causing the least possible exposure of body, qualify for the assistance provided.

> *I always thought that way, caring for minimum exposure. (E8).*
> *I see like a person in my family, I did not want it to be exposed, or myself. We put you in the patient. (E2).*
> *I see and try to think: what if it was me lying there? (E9).*

The empathic stance adopted by the academic achievement of care helps to alleviate the constraints experienced by both sides during the assistance.[15] We can see this action as a positive, since it promotes the formation of bonding and is able to ensure compliance and privacy in the care process, ensuring physical safety, comfort, individuality, safety and mental and emotional well-being of the user in performing nursing.[6] In addition, professionals should

consider aspects such as culture, beliefs and values of each individual in order to provide individualized assistance.[17]

You can see that the physical exposure of the patient within the hospital environment is a real situation. The nursing students when they experience moments in which the exposure of the patient's body become necessary, seek to establish mechanisms that make this less awkward and more humane experience for both those involved in the care (caregiver and the person being cared for) process.

Aspects that influence the experience of body exposure

In the hospital the nursing students to playing care of the hospitalized patient and, due to the necessity of physical exposure, is facing elements that may facilitate or hinder this experience. In this sense, the receptivity of the patient is considered by scholars as "the first step" to achieving care.

> *Have patients who accept you better and others not. It depends on the state of disease that the person is located. (E1).*
> *We try to be as unbiased as possible and allow the patient to be more comfortable, but do not always get it, depends on the personality of the person [...] the importance she gives or not. What does it mean for her to be hospitalized [...], what is the relationship with the health care team. (E5).*

The receptivity of the patient with the nursing students is considered the first and important step towards the establishment of bonds during the course of care. In addition to the academic, health status, life experiences and the meaning of hospitalization for the user can influence, positively or negatively, the establishment of therapeutic relationships between academic and patient. The principles of humanization of health care prioritize the biological, psychological, social and spiritual needs of individuals, highlighting understanding of each person as a unique and integral with particular needs and perspectives.[18-19]

Besides the responsiveness of the patient, another aspect that interferes with care is the presence of peers during execution of procedures, which may cause discomfort to the patient, specifically in situations where the presence of another person is not requested or authorized. The user usually by feeling inferior position in the professional and routines of the institution, not questions or the fear of being punished, accept this situation.[5]

> *One thing that bothers me and always bothered me is to expose the patient and have several people along there. As we see the patient as an instrument of care and I have no such malice that sometimes the patient sees it bother [...] and that is never asked. (E5).*
> *I was the teacher and other classmates [...] it is also bad [...] they are curious to see to learn, but [...] to the patient [...] seeing teachers and various academic [...] just exposing much. (E6).*

The speeches of nursing students indicate that learning contributes to body exposure of the patient; however, students express concern with minimizing body exposure and preserve the intimacy of the patient.

Authors in questioning patients about physical exposure in the presence of others who are not part of the healthcare team or care, mentioned dislike the feeling of invasion of personal space and territorial negative emotions and front body exposure from professionals who perform care.[5] The dissatisfaction with the lack of attention regarding privacy and circulation other people at the time of physical exposure,[14] reflects the dissatisfaction of users with the actions performed by professionals.[5] These feelings were reported by survey respondents, which demonstrate dissatisfaction with body exposure of the patient in front of the conduct of the service professionals.

> *Medical students has ten three comes in an hour three comes after and they ask the same questions and end up exposing very patient. (E7).*
> *We have this more care to look after their exposure, but the technicians who are in that routine does not give much importance to it. (E3).*
> *[...] Professionals, many do not have this culture [...] take care not to expose the patient [...]. Has professional who exposes the patient does what he has to do and has no problem. (E8).*

The preservation of privacy and intimacy of patients, often turns out not to be perceived by other professionals, while nursing students seek to minimize exposure and invasion of privacy of patients. It is believed that the daily routine, the fulfillment of tasks and the limited number of professionals to contribute to the merger such as routine care, jeopardizing the preservation of the dignity of the patient regarding their intimacy.

The technicality issue of care was observed in a hospital ward, where nurses and nursing technicians demonstrated technical rationality as a means of compliance with rules and institutional rules. That is, the professional concerned with, not attentive to the subjective aspects of professional-patient relationship expertise.[14]

Authors analyze the ethical issues related to invasion of privacy and bodily exposure of patients in intensive care units, showed that the treatment of patients unconscious for lack perception of reality and be devoid of feelings and reactions can be treated were routine without the preservation of privacy and intimacy.[20] Health professionals while performing care, requiring somehow expose and/or manipulating the patient's body, should take into account the dignity, respect, privacy, autonomy and personal and territorial space, so reduce the feeling of invasion of privacy against nudity and intimate body contact during care actions.[5]

These values need to be addressed in more depth at graduation, so that future health professionals carry out their activities based primarily on respect and preserve the dignity and privacy of the patient than in performing techniques and routines of care. It is noteworthy that health institutions also need to promote spaces for discussion and reflection of health professionals, primarily on preserving the privacy of patients to improve the quality of care.

In the hospital environment, often the patient may feel dispossessed of their body, as from the disease and treatments undergoes care professionals and gives up its intimate, physical and psychological sphere. Faced with this, the authors point behavior of indifference on the part of nursing staff through aggressive behaviors in providing assistance. Thus, it is

the reflection of health professionals and students on the topic, in order to awaken new perspectives to the practice.[5]

Still, for the points that can help or interfere with the performance of stocks of care in hospitals, nursing students reported that the presence of family or companion, which can influence care across the body exposure.

> *I do not really like the procedures in this family, but bed bath is good because beyond it help you, you can go teaching [...] Sometimes you have this family in order to teach and guide [...] how they will do when they go home? (E1).*
> *[...] If the patient is aware I end up forgetting some of the family and end up talking directly to him [...]. If you are not aware I notice for the family, but I am not describing what I'll do. (E3).*
> *Once the wife got together and realized that I gave more safety for the patient, being a family there together. (E5) I do not care if the family stay, but I think worth asking what the patient thinks, because he cannot get very familiar with that. (E9).*

The body exposure of the patient should be regulated in preserving their privacy, thus exposing the patient's body to the family is a condition that must be pre-arranged with him, since the presence of family during the hospital does not allow access to intimacy.[14] However, the inclusion of the family in the care of the patient is an important factor in the rehabilitation of the user, as this can be a great ally in achieving care.[21]

Thus, scholars show that the presence of family contributes positively to the patient; it neutralizes the environment at the time of body exposure, leaves it less stressful and promotes health education directed to the hospital.

It is known that the completion of care involves managing the patient's body, thus, may need to take care of handling private parts, featuring an intimate relationship that must be built through negotiation and careful management of potential conflicts and embarrassing situations. From this perspective, despite exposure and body touch are part of the hospital environment experienced actions, it does not mean that should occur indiscriminately, as it shares a common room with other patients, families and healthcare professionals.[5]

The reports reveal that the presence of family members, as allowed by the patient, facilitates the care process and makes it less embarrassing physical exposure while performing care, since it contributes to the safety of the user and involves families / caregivers in care. Involving the family in the care process brings direct the patient and family own benefits, in addition to providing continuing treatment after discharge.[13]

The lack of material resources in the hospital was also highlighted by nursing students as a problem to maintain privacy and avoid body exposure of the patient aspect. Added to this, the inadequacy of hospital physical plant, overcrowding of beds and high number of people transiting the same physical area may interfere with the performance of care and, therefore, in maintaining privacy.

> *If there is exposure, because there is also a lack of material for protection, there is a shortage of screens, sheets or anything. (E4).*
> *I always try to get the largest possible number of screens, despite the hospital, sometimes not having screen. (E5).*
> *It's a lot of people in a room, you can even use one screen to see what you'll do, but still, everyone will hear you and the patient talk. (E9).*

To ensure minimal privacy to the patient, the study participants resort to their creativity and leverage scarce resources offered by the institution.

Conflicts caused body exposure must be minimized by the health team, which should be prepared to circumvent them, helping the patient to experience and overcome the invasion of privacy and loss of privacy, arising out of the activities and procedures in the hospital setting.[7] Academics betray in their speech the importance of preserving privacy in care.

> *[...] You have to be sensitive and know who is in pain, tired, sick and want to be careful so that you will not expose your body [...] each have a way of looking, the ones who not ashamed and others who would never accept that we look for the body, if not a disease condition. (E2).*
> *I always try to leave as much of his privacy. If I'm organizing the material, I organize myself first, and then I expose the patient. I will always talk to him try to relax. Seeking the possible use equipment, screens, lock the door when you have only one person in the room or ask for family members of other patients in a unit with multiple beds, withdrawing. (E3).*
> *We need to be exposing the patient, of course taking care to preserve it, to screen, with the door closed. (E1)*
> *On physical examination, I always take care, if I examined the patient's chest, I'll cover now. I will always covering the part that I've examined. (E5).*

During the care, the establishment of an interpersonal relationship between professional and patient is necessary, which allows non-verbal verbal communication, and touch are indispensable instruments of care and contribute to decreased anxiety and fear of the unknown.[12] Maintaining privacy guarantees patients the right not to be observed without your consent[14], considering your will and individuality.[6] Furthermore, although patients need care that expose your body, E2 refers to the need to consider aspects such as pain , disease process and psychic sensitivity to exposure and/or physical user with a view to respect their uniqueness.

Thus, it is believed that the experiences and personal values interfere with the reactions and emotions of each patient before the disease, nudity and intimate body contact arising out of care. Therefore, it is necessary that future nurses are attentive to the feelings of each individual, in order to respect their uniqueness and overcoming taboos (thoughts, perceptions and actions) cultural, social or religious[2] front body exposure.

Plus the retention of privacy of the individual, the dialogue is an instrument of great value in maintaining academic-patient relationship. It is noteworthy that the patient has the right to know the procedures[6] to which will be submitted in order to alleviate feelings of anxiety, fear[6] or pain.

> *It is very important to talking, explaining and letting the quiet and patient, because he, if possible, if conscious, it helps. (E3).*
> *It is our responsibility, my responsibility, to explaining the procedure and what will be done and all I can say about that time, and leave the situation as comfortable as possible. (E2).*
> *We present yourself, say what you will do, explain the procedure and provides the protection needed his privacy. (E4).*

> *The good thing is talking with the patient before doing anything, because then if you do, it helps you too. (E9).*

The concern of the academic to engage the patient in the delivery of care, explaining procedures and reassuring, contributes to the development of care and encourages self-care. Thus, students express concern in reporting procedures to be performed, the prospect of not making these procedures, injure and routine techniques, but paying attention to the state of health of the patient and their participation in the care process.[9]

However, the steps taken by different scholars, authors 20 showed that nurses who work in intensive care units develop care actions linearly without restrictions. The justification for these actions is guided by the perception that the invasion of privacy is inherent in the profession, and therefore, professional "forget" to ask permission to touch the patient's body and invade your privacy. [20]

Moreover, the nursing students in this study seek, through dialogue and otherness reduce feelings of invasion of privacy. The moment of learning allows students to transform and transform their context, from the action-reflection on the problem situation that makes up the didactic process,[4] for example, need to deal with nudity and handling the user's body.

So during the training process, students report that the educational activities give them subsidies to understand the process by which the patient spends in hospital and the need to protect body exposure.

> *Learned in college trying to not exposing the patient in full. (E7).*
> *The faculty of both the teacher talks about care, individuality [...] to look at the different patient, always worried not to expose the patient. (E8).*
> *I was always careful not to expose the patient, learned in college with the teacher: have to put screen! (E2).*

Participants during their training, they are instructed to maintain user privacy and to avoid, where possible, the physical exposure of hospitalized patients. Author points out that the discussion on this topic is still little addressed during the academic training and, when approached, is not treated emphatically.[8]

In this context, it emphasizes the importance of addressing in more depth in the curriculum of undergraduate courses in nursing,[4] and in the training of other team members, content related to physical exposure and respect your privacy of the patient. It is believed that the discussion of these issues could promote consideration of future professionals to ensure the quality of nursing care.

CONCLUSION

The present study aimed to know the experience of nursing students in relation to body exposure of the patient while performing nursing care in the hospital and identified that the patient's physical exposure is an experience with which the academic faces constantly, causing feelings of anxiety, fear and embarrassment, both for the student and for the user.

For academics interviewed nursing aspects considered as influencing patient exposure to body focused on the receptivity of the same; presence of peers during execution of procedures; lack of sensitivity of other professionals; presence of family or caregiver during the care; lack of material resources, inadequate physical space empathy hospital (patient-professional academic nursing-nursing) and dialogue between professional/ academic-patient. The warm welcome, the presence of family, dialogue and empathic understanding of the academic with the patient can be considered aspects that make the body less traumatic exposure of the patient and difficult for both individuals involved in the care.

We emphasize that the construction of studies involving different views about the hospital patient care, is essential for the construction of a humanized health care and quality. Therefore, careful with body exposure and preservation of intimacy deserve a space wider discussion in classrooms and education activities in service in hospitals, aiming mainly to student fitness to everyday practice in nursing and improving the quality of care.

REFERENCES

1. Lemos RCA, Jorge LLR, Almeida LS, Castro AC. Visão dos enfermeiros sobre a assistência holística ao cliente hospitalizado. Rev eletrônica enferm [período on line] 2010 [citado 24 mai 2013]; 12(2):354-9. Disponível em: http://www.revistas.ufg.br/index.php/fen/article/view/5544/6944.

2. Brêtas JRS, Lima RC, Yamaguti L. O corpo que cuidamos. In: Brêtas ACP, Gamba MA. Enfermagem e saúde do adulto. São Paulo (SP): Manole; 2006. p.11-25.

3. Pontes AC, Leitão IMTA, Ramos IC. Comunicação terapêutica em Enfermagem: instrumento essencial do cuidado. Rev bras enferm; Brasília, 2008 mai/jun; 61(3):312-8.

4. Conselho Nacional de Educação/Câmara de Educação Superior. Resolução CNE/CES nº 3, de 7 de novembro de 2001. Institui Diretrizes Curriculares Nacionais do Curso de Graduação em Enfermagem. Diário Oficial da União; Brasília, 2001 nov 9; seção 1, p.37.

5. Pupulim JSL, Sawada NO. Privacidade física referente à exposição e manipulação corporal: percepção de pacientes hospitalizados. Texto e contexto enferm; Florianópolis, 2010 jan/mar; 19(1):36-44.

6. Ministério da Saúde. Carta dos direitos dos usuários da saúde. 3. ed. Brasília: Ministério da Saúde, 2011; 28 p.

7. Pupulim JSL, Sawada NO. Exposição corporal do cliente no atendimento das necessidades básicas em UTI: incidentes críticos relatados por enfermeiras. Rev latinoam enferm [periódico online] 2005 [citado 24 mai 2013]; 13(3):388-96. Disponivel em: http://dx.doi.org/10.1590/S0104-11692005000300014.

8. Viana LS. O (des) cuidado de enfermagem perante a nudez no ambiente hospitalar. Florence em revista; São Luís, 2011 maio, 01.

9. Silva JR, Lima PC, Santos RM, Trezza MCSF, Veríssimo RCSS. Nudez do paciente sob a óptica de estudantes da área de Enfermagem Fundamental. Rev bras enferm; Brasília, 2012 maio/jun; 65(3):428-36.

10. Bardin L. Análise de conteúdo. Tradução de Luís Antero Reto, Augusto Pinheiro. São Paulo: Edições 70, 2011; 279p.

11. Ministério Nacional da Saúde. Conselho Nacional de Saúde. Resolução nº 196/96: aprova as diretrizes e normas regulamentadoras de pesquisas envolvendo seres humanos. Brasília, 1996.

12. Salomé GM, Espósito VHC. Vivências de acadêmicos de enfermagem durante o cuidado prestado às pessoas com feridas. Rev bras enferm; Brasília, 2008 nov/dez; 61(6):822-7.

13. Baggio MA. O significado de cuidado para profissionais da equipe de enfermagem. Rev eletrônica enferm [periódico online] 2006 [citado 2013 mai 24]; 8(1):9-16. Disponível em: http://www.fen.ufg.br/revista/revista8_1/original_01.htm.

14. Soares NV. A privacidade dos pacientes e as ações dos enfermeiros no contexto da internação hospitalar [tese]. Porto Alegre (RS): Escola de Enfermagem, Universidade Federal do Rio Grande do Sul. 2010; 104f.

15. Lima RC, Bretas JRS. A corporalidade do cliente segundo representações de estudantes de enfermagem. Rev bras enferm. 2006; 59(6):727-33.

16. Gir E, Nogueira MS, Pelá NTR. Sexualidade humana na formação do enfermeiro. Rev latinoam enferm; Ribeirão Preto, 2000 abr; 8(2):33-40.

17. Takaki MH, Sant'Ana DMG. A empatia como essência no cuidado prestado ao cliente pela equipe de enfermagem de uma unidade básica de saúde. Cogitare enferm; Curitiba, 2004 jan/jun; 9(1):79-83.

18. Matsuda LM, Silva N, Tisolin AM. Humanização da Assistência de Enfermagem: estudo com clientes no período pós-internação de uma UTI adulto. Acta sci. Health sci. 2003 jul/dez; 25(2):163-70.

19. Ministério da Saúde. Secretaria Executiva, Núcleo Técnico da Política Nacional de Humanização. Humaniza SUS: Política Nacional de Humanização: a humanização como eixo norteador das práticas de atenção e gestão em todas as instâncias do SUS. Brasília: Ministério da Saúde, 2004.

20. Bettinelli LA, Pomatti DM, Brock J. Invasão da privacidade em pacientes de UTI: percepções de profissionais. Revista Bioethikos - Centro Universitário São Camilo. 2010; 4(1):44-50.

21. Szareski C, Beuter M, Brondani CM. O familiar acompanhante no cuidado ao adulto hospitalizado na visão da equipe de enfermagem. Rev gaúch enferm; Porto Alegre, 2010 dez; 4(1):44-50.

Received on: 21/02/2014
Required for review: No
Approved on: 31/07/2014
Published on: 01/10/2015

Contact of the corresponding author:
Maria Elena Echevarría-Guanilo
Campus Universitário – Trindade 88040-900 - Florianópolis - SC - Brasil
BLOCO I (CEPETEC) - Centro de Ciências da Saúde - Piso Térreo
Telefone: (48) 3721-3425 E-mail: elena.meeg@hotmail.com